



NORTH CAROLINA DIAGNOSTIC IMAGING - CARY

251 Keisler Dr., Suite 100, Cary, NC 27518
Office: 919-461-2361

Scheduling HOTLINE PHONE: 1-877-507-XRAY (9729)
Scheduling HOTLINE FAX: 1-877-765-7729

TODAY'S DATE

Patient's Name: _____ Date of Birth: ____/____/____
LAST FIRST M.I.

Telephone: Primary (____) _____ Secondary (____) _____ Appt. Date: _____ Appt. Time: _____ AM/PM

Insurance Type: _____ ID# _____ Group # _____

Phone: _____ Authorization # _____

Clinical Indications/Signs/Symptoms: _____

Referring Phone # _____ Referring Fax # _____

Print Provider Name _____

Provider's Signature _____

Please Call Pt to Schedule Send Images (CD) with patient
 Fax Back Appointment Time STAT Patient to Wait/Call Report
 STAT Patient Call Report only if abnormal

MRI	CT <small>available on a walk-in basis, no appointment necessary</small>				
<p>**Creatinine levels are required for all patients over 60. Creatinine _____ Date drawn _____ Range _____ <input type="checkbox"/> I-STAT Creatinine on site as needed</p> <p>Contrast: <input type="checkbox"/> w/o <input type="checkbox"/> w <input type="checkbox"/> w/w/o <input type="checkbox"/> Radiologist discretion</p> <table border="0"> <tr> <td style="vertical-align: top;"> <p>HEAD/NECK</p> <input type="checkbox"/> Brain <input type="checkbox"/> IACs / 7th and 8th Nerve <input type="checkbox"/> Pituitary / Sella <input type="checkbox"/> Orbits <input type="checkbox"/> TMJ (High Field MRI only) <input type="checkbox"/> Soft Tissue Neck (structures other than C-Spine) <input type="checkbox"/> Brachial Plexus <input type="checkbox"/> Cavernous Sinus <p>MRI Angiogram (MRA)</p> <input type="checkbox"/> Brain <input type="checkbox"/> MRV - Venous sinuses <input type="checkbox"/> AVM <input type="checkbox"/> Carotids <p>Abdomen/Pelvis</p> <input type="checkbox"/> Renal <input type="checkbox"/> Mesenteric <input type="checkbox"/> Other _____ <input type="checkbox"/> Lower Extremities (run-off) <p>SPINE</p> Spine (contrast if past spine surgery or hx of cancer) <input type="checkbox"/> C-Spine <input type="checkbox"/> T-Spine <input type="checkbox"/> L-Spine* <input type="checkbox"/> Sacrum / Coccyx* <small>(*denotes exam can be done feet first per request for claustrophobia)</small> </td> <td style="vertical-align: top;"> <p>ABDOMEN/PELVIS</p> <input type="checkbox"/> Adrenal - Abdomen <input type="checkbox"/> Liver - Abdomen <input type="checkbox"/> MRCP - Abdomen <input type="checkbox"/> Pancreas - Abdomen <input type="checkbox"/> Renal (mass) - Abdomen <input type="checkbox"/> Spleen - Abdomen <input type="checkbox"/> Pelvis (soft tissue) <input type="checkbox"/> Pelvis (bone) <p>EXTREMITY/JOINT</p> <input type="checkbox"/> Hip R L B <input type="checkbox"/> Ankle R L B <input type="checkbox"/> Elbow R L B <input type="checkbox"/> Foot R L B <input type="checkbox"/> hindfoot/midfoot <input type="checkbox"/> midfoot/forefoot <input type="checkbox"/> Knee R L B <input type="checkbox"/> Wrist R L B <input type="checkbox"/> Shoulder R L B <input type="checkbox"/> Non-joint Specify: _____ <input type="checkbox"/> Other: (Specify) _____ </td> </tr> </table>	<p>HEAD/NECK</p> <input type="checkbox"/> Brain <input type="checkbox"/> IACs / 7th and 8th Nerve <input type="checkbox"/> Pituitary / Sella <input type="checkbox"/> Orbits <input type="checkbox"/> TMJ (High Field MRI only) <input type="checkbox"/> Soft Tissue Neck (structures other than C-Spine) <input type="checkbox"/> Brachial Plexus <input type="checkbox"/> Cavernous Sinus <p>MRI Angiogram (MRA)</p> <input type="checkbox"/> Brain <input type="checkbox"/> MRV - Venous sinuses <input type="checkbox"/> AVM <input type="checkbox"/> Carotids <p>Abdomen/Pelvis</p> <input type="checkbox"/> Renal <input type="checkbox"/> Mesenteric <input type="checkbox"/> Other _____ <input type="checkbox"/> Lower Extremities (run-off) <p>SPINE</p> Spine (contrast if past spine surgery or hx of cancer) <input type="checkbox"/> C-Spine <input type="checkbox"/> T-Spine <input type="checkbox"/> L-Spine* <input type="checkbox"/> Sacrum / Coccyx* <small>(*denotes exam can be done feet first per request for claustrophobia)</small>	<p>ABDOMEN/PELVIS</p> <input type="checkbox"/> Adrenal - Abdomen <input type="checkbox"/> Liver - Abdomen <input type="checkbox"/> MRCP - Abdomen <input type="checkbox"/> Pancreas - Abdomen <input type="checkbox"/> Renal (mass) - Abdomen <input type="checkbox"/> Spleen - Abdomen <input type="checkbox"/> Pelvis (soft tissue) <input type="checkbox"/> Pelvis (bone) <p>EXTREMITY/JOINT</p> <input type="checkbox"/> Hip R L B <input type="checkbox"/> Ankle R L B <input type="checkbox"/> Elbow R L B <input type="checkbox"/> Foot R L B <input type="checkbox"/> hindfoot/midfoot <input type="checkbox"/> midfoot/forefoot <input type="checkbox"/> Knee R L B <input type="checkbox"/> Wrist R L B <input type="checkbox"/> Shoulder R L B <input type="checkbox"/> Non-joint Specify: _____ <input type="checkbox"/> Other: (Specify) _____	<p>**Creatinine levels are required for all patients over 60. 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X-ray <small>available on a walk-in basis, no appointment necessary</small>				
<input type="checkbox"/> Abdomen-1 view supine (KUB) <input type="checkbox"/> Abdomen-2 views supine & upright <input type="checkbox"/> AC Joints <input type="checkbox"/> Acute Abdominal Series (3 views) <input type="checkbox"/> Ankle R L <input type="checkbox"/> Bone Survey <input type="checkbox"/> Calcaneus (Heel) R L <input type="checkbox"/> Chest <input type="checkbox"/> Clavicle R L <input type="checkbox"/> Elbow R L	<input type="checkbox"/> Facial Bones <input type="checkbox"/> Femur R L <input type="checkbox"/> Finger R L <input type="checkbox"/> Foot R L <input type="checkbox"/> Forearm R L <input type="checkbox"/> Hand R L <input type="checkbox"/> Humerus R L <input type="checkbox"/> Hip R L <input type="checkbox"/> Knee R L <input type="checkbox"/> Mandible	<input type="checkbox"/> Nasal Bones <input type="checkbox"/> Neck, Soft Tissue <input type="checkbox"/> Orbits <input type="checkbox"/> Pelvis <input type="checkbox"/> Ribs R L <input type="checkbox"/> Sacrum/Coccyx <input type="checkbox"/> Scapula R L <input type="checkbox"/> Scoliosis Series <input type="checkbox"/> Shoulder R L <input type="checkbox"/> Sinuses	<input type="checkbox"/> SI Joints <input type="checkbox"/> Skull <input type="checkbox"/> Spine <input type="checkbox"/> Standing <input type="checkbox"/> Flexion/Extension <input type="checkbox"/> Cervical w/ obliques <input type="checkbox"/> Cervical AP/LAT Only <input type="checkbox"/> Thoracic <input type="checkbox"/> Lumbar w/ obliques <input type="checkbox"/> Lumbar AP/LAT Only	<input type="checkbox"/> Sternum <input type="checkbox"/> Tibia/Fibula R L <input type="checkbox"/> Toe R L <input type="checkbox"/> Wrist R L

Attorney Name: _____ Contact person: _____

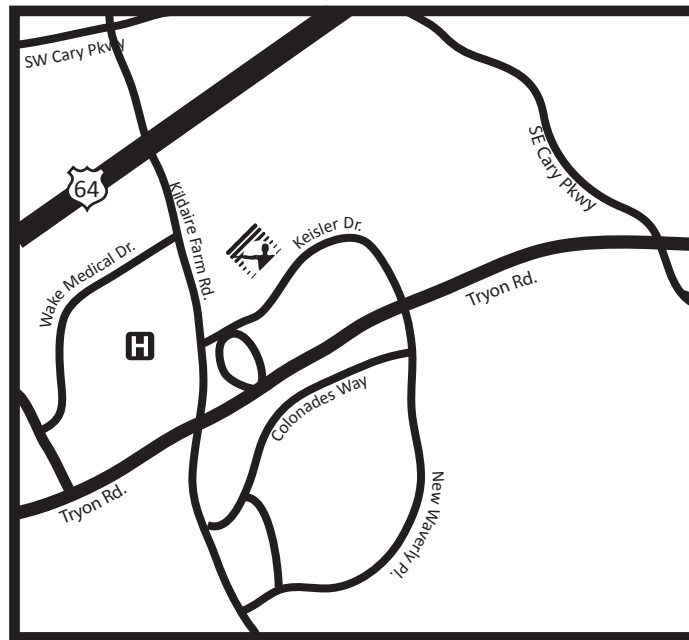
Attorney address: _____ City: _____ State: _____ Zip: _____

Attorney phone: _____ fax: _____

Preferred medical funding (lien) company: _____ No preference

PATIENT INSTRUCTIONS: Preparing For Your Exam

MRI	CT
<p><input type="checkbox"/> No prep for MRI exams. MRI cannot be performed on patients with a Cardiac Pacemaker, some Cardiac Valves and Stents, Otologic Implants, Implanted neurostimulator, Non-titanium aneurysm clips in head, Pregnancy (in some cases). Please bring any relevant outside X-rays or other exams for correlation. This is especially important for Spine and Musculoskeletal MRI Exams. If an abdomen MRI is ordered, dress warm, no metal.</p>	<p><input type="checkbox"/> Abdomen: No food 4 hours prior - may drink fluids. Arrive 90 minutes early to begin drinking contrast (unless oral contrast is picked up prior to appointment).</p> <p><input type="checkbox"/> Chest: No food 1 hour prior, bring recent Chest X-rays for correlation and planning.</p> <p><input type="checkbox"/> Pelvis: No food 4 hours prior, may drink fluids. Arrive 90 minutes early to begin drinking contrast (unless oral contrast is picked up prior to appointment). Creatinine levels are required for Patients over 50.</p> <p><input type="checkbox"/> CT Enterography: Only clear liquids 12 hours before study. Meds ok. Do not collect contrast in advance.</p> <p><input type="checkbox"/> Exam w/IV Contrast: No food 1 hour prior - may drink fluids. Creatinine levels are required for Patients over 50.</p> <p><input type="checkbox"/> All other CT Exams: No preparation necessary, unless advised.</p>
X-ray	
<p>No preparation needed unless advised.</p>	



FROM CARY: Start by going south on Kildaire Farm Rd.
TURN LEFT onto Keisler Drive which is 0.1 miles past Guernsey Trail and First Citizens Bank is on the corner.
 If you reach Tryon Rd you've gone a little too far.
251 KEISLER DR is on the left. If you are on New Waverly Place and reach Colonades Way you've gone about 0.2 miles too far.

FROM RALEIGH: Take I-40 W/US-64 W toward Cary/Durham/FARMERS MKT.
TAKE Gorman St exit, EXIT 295. Keep left to take the ramp toward Tryon Rd.
TURN LEFT onto Gorman St.
TURN RIGHT onto Tryon Rd. If you reach Amelia Park Dr you've gone a little too far.
TURN RIGHT onto Keisler Dr. Keisler Dr is 0.1 miles past Thornewood Dr. If you reach Kildaire Farm Rd you've gone about 0.2 miles too far.
251 KEISLER DR is on the right. If you reach Kildaire Farm Rd you've gone a little too far.